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FEC FORM 1

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STATEMENT OF ORGANIZATION

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FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) GabrielleLedoux for Congress PO. ADDRESS (number and street) (Check if address is changed) Anchorage ____ AK CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS Gabrielle @ voteled oux com COMMITTEE'S WEB PAGE ADDRESS (URL) www.voteledoux.com COMMITTEE'S FAX NUMBER 1 . [-] . . [-] [2. DATE 2008 C 00440297 3. - FEC IDENTIFICATION NUMBER 4. IS THIS STATEMENT X AMENDED (A) NEW (N) OR I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Jaymed Walke Signature of Treasurer Date 06 2008 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 12/2007) Toll Free 800-424-9530

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